



**City of Sioux Falls Appeal of Parking Citation**  
Parking Citation Appeals require a \$5 processing fee due at filing.  
The process fee is refunded to successful appellants.

Citation Number: \_\_\_\_\_ Citation Issue Date: \_\_\_\_\_

Appellant: Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you the vehicle:  Owner  Driver

Type of Citation:

Overtime \$10  Prohibited/Improper \$15  Snow \$35

Reason for Objection:

Hearings are presumed open to the public unless good cause is presented to the hearing officer. I request:  Open Hearing. I request an open hearing.

Closed Hearing. I request a closed hearing due to the following reason:

If using a legal representative, provide the name, address, and phone number:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete form, enclose \$5 fee, and return to: Public Parking Facilities, 224 West Ninth Street, Sioux Falls, SD 57104.

**If you fail to appear for your hearing, citations will escalate at the normal rate.**